



AHiF

Alabama Head Injury Foundation

TBI: From Injury to New Normal

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Agenda

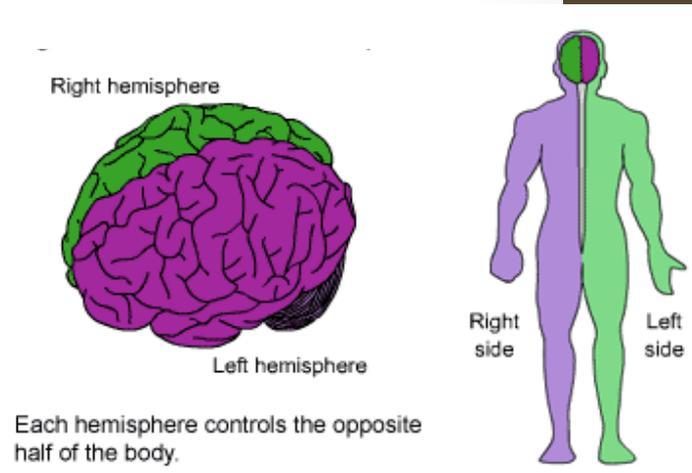
- The Brain
- Types of TBI
- Etiology of TBI
- Effects of TBI and recovery
- Interventions for caregivers after TBI
- Caregiver concerns
- Resources

What does the brain do?

- EVERYTHING!
- The **human brain** is the most complex organ in the human body.
- Your brain contains billions of nerve cells arranged in patterns that coordinate thought, emotion, behavior, movement and sensation.
- A complicated highway system of nerves connects your brain to the rest of your body, so communication can occur in split seconds.
 - Think about how fast you pull your hand back from a hot stove.
- While all the parts of your brain work together, each part is responsible for a specific function — controlling everything from your heart rate to your mood.

The Brain

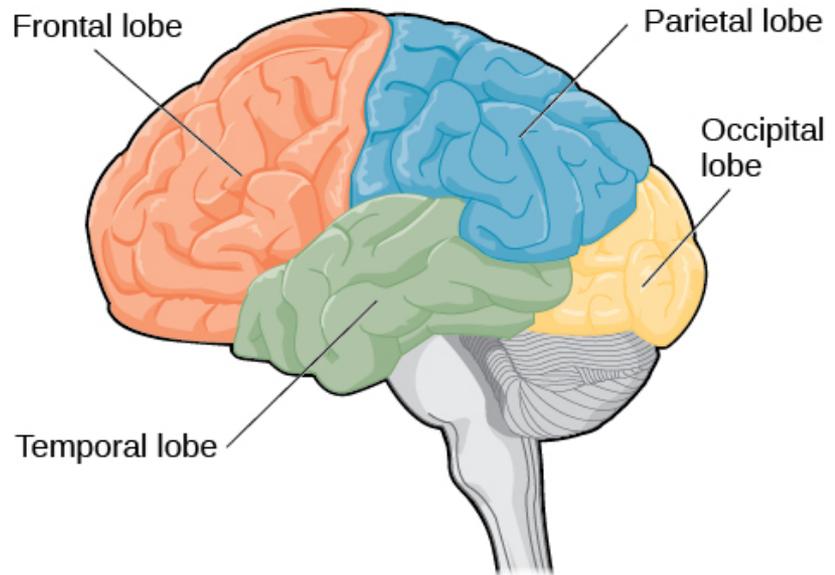
- The cerebrum is the largest part of your brain. It's what you probably visualize when you think of brains in general.
- It is divided into two halves (called hemispheres) by a deep fissure.
- The hemispheres communicate with each other through a thick tract of nerves, called the corpus callosum, at the base of the fissure.
- Messages to and from one side of the body are usually handled by the opposite side of the brain.



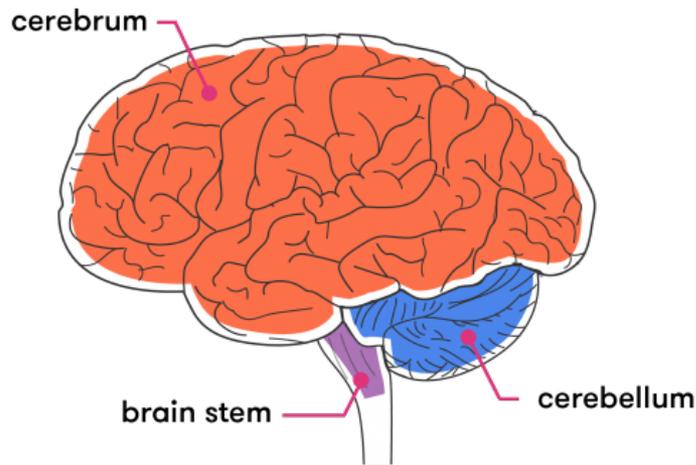
The Brain

Your brain's hemispheres are divided into four lobes.

- **The frontal lobes** control thinking, planning, organizing, problem solving, short-term memory and movement.
- **The parietal lobes** interpret sensory information, such as taste, temperature, and touch. Also associated with language.
- **The occipital lobes** process images from your eyes and link that information with images stored in memory.
- **The temporal lobes** process information from your senses of smell, taste and sound (hearing). They also play a role in memory storage.



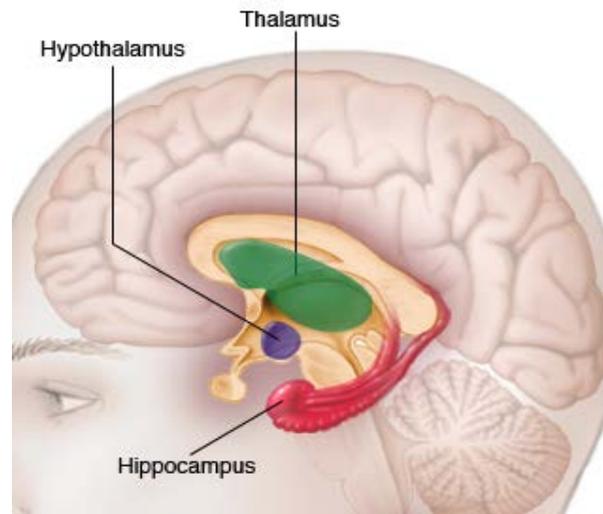
The Brain

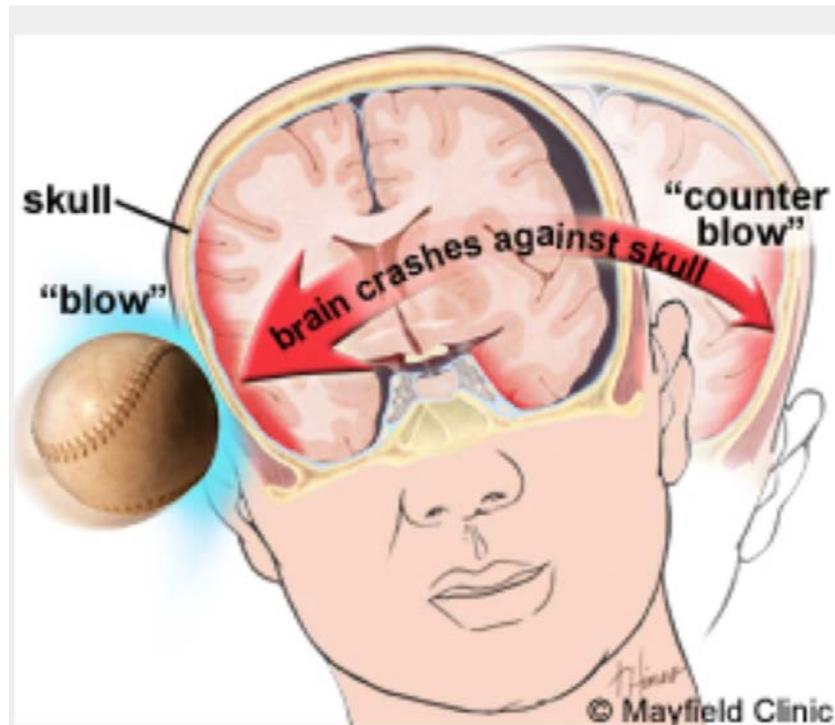


- **The cerebellum:** It works to combine sensory information from the eyes, ears and muscles to help coordinate movement.
- **The Brain Stem:** It links the brain to the spinal cord. It controls many functions vital to life, such as heart rate, blood pressure, breathing and sleep.

The Brain

- Deep Structures of the Brain
 - **The thalamus** acts as a gatekeeper for messages passed between the spinal cord and the cerebral hemispheres.
 - **The hypothalamus** controls emotions. It also regulates your body's temperature and controls crucial urges — such as eating or sleeping.
 - **The hippocampus** sends memories to be stored in appropriate sections of the cerebrum and then recalls them when necessary.





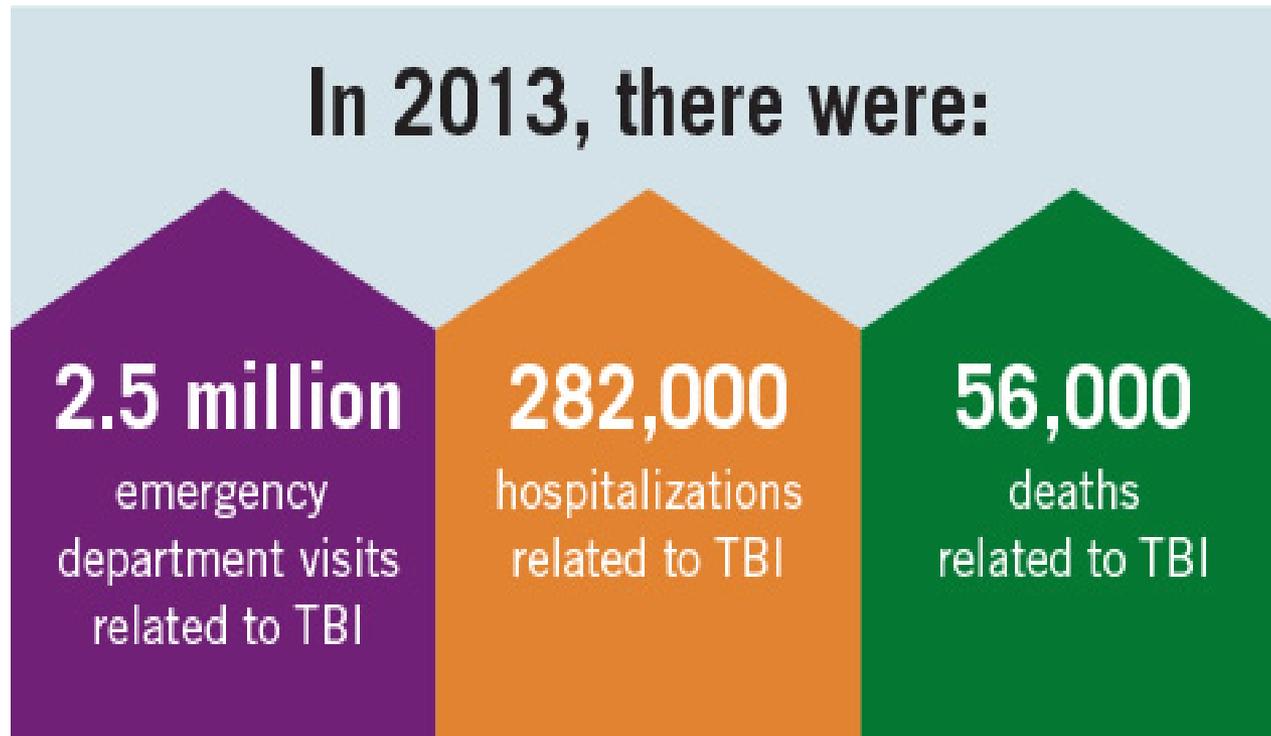
AND JUST LIKE THAT
everything was suddenly
DIFFERENT.

What is Traumatic Brain Injury (TBI)?

A traumatic brain injury (TBI) is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. This sudden movement can literally cause the brain to bounce around or twist in the skull, damaging brain cells and creating chemical changes in the brain.

- The severity of a TBI may range from “mild” (i.e., a brief change in mental status or consciousness) to “severe” (i.e., an extended period of unconsciousness or memory loss after the injury).

TBI Facts



Types of Brain Injury

- **Concussion**

A concussion is caused when the brain receives trauma from an impact or a sudden momentum or movement change. The blood vessels in the brain may stretch and cranial nerves may be damaged.

- A person may or may not experience a brief loss of consciousness (not exceeding 20 minutes). A person may remain conscious, but feel “dazed” or “punch drunk”.
- A concussion may or may not show up on a diagnostic imaging test, such as a CAT Scan.

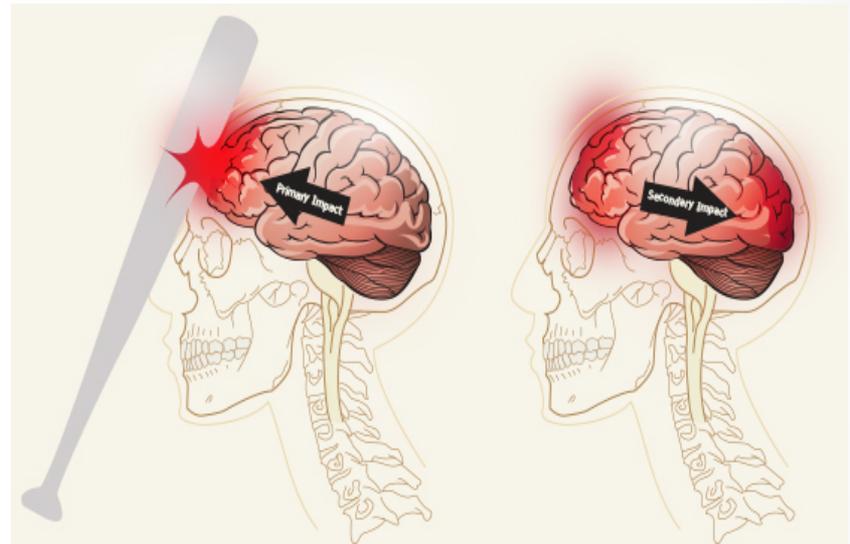
- **Contusion**

A contusion is a bruise (bleeding) on the brain.

- A contusion can be the result of a direct impact to the head.
- Large contusions may need to be surgically removed.

Types of Brain Injury

- **Coup and Contrecoup Injury**
Coup-Contrecoup Injury describes contusions that are both at the site of the impact and on the complete opposite side of the brain.
 - This occurs when the force impacting the head is not only great enough to cause a contusion at the site of impact, but also is able to move the brain and cause it to slam into the opposite side of the skull, which causes the additional contusion.

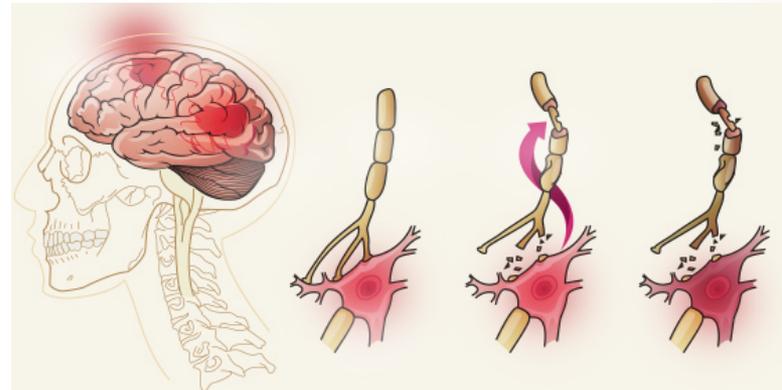


Types of Brain Injury

- **Diffuse Axonal Injury**

A Diffuse Axonal Injury can be caused by shaking or strong rotation of the head.

- Injury occurs because the unmoving brain lags behind the movement of the skull, causing brain structures to tear.
- There is extensive tearing of nerve tissue throughout the brain. This can cause brain chemicals to be released, causing additional injury.
- This disturbance in the brain can produce temporary or permanent widespread brain damage.



This type of injury can be seen in auto accidents, falls, domestic violence, Shaken Baby Syndrome

Types of Traumatic Brain Injury

- **Open (Penetrating) Brain Injury:** Occurs when an object (e.g. bullet, knife) fractures the skull, enters the brain and injures the brain tissue in the process. These injuries tend to damage localized areas of the brain and result in discrete and relatively predictable disabilities.
- **Closed Head Injury**

When a person receives an impact to the head from an outside force, but the skull does not fracture or displace this condition is termed a "closed head injury".

 - With a closed head injury, when the brain swells, the brain has no place to expand. This can cause an increase in intracranial pressure, which is the pressure within the skull.
 - If the brain swells and has no place to expand, this can cause brain tissues to compress, causing further injury.

What do you think is
the number one
cause of TBI?

Facts & Figures

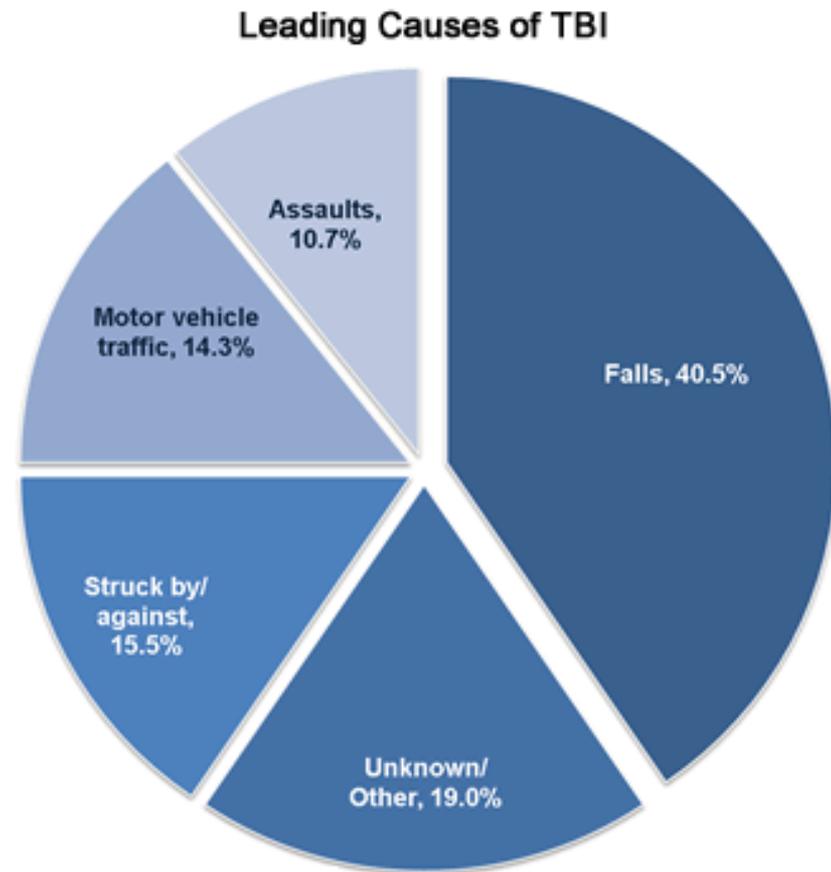
- From 2006–2010, falls were the leading cause of TBI, accounting for 40% of all TBIs in the United States that resulted in an Emergency Department visit, hospitalization, or death.
- Falls disproportionately affect the youngest and oldest age groups:
 - More than half (55%) of TBIs among children 0 to 14 years were caused by falls.
 - More than two-thirds (81%) of TBIs in adults aged 65 and older are caused by falls.

Falls in the Aging Population

- Each year, millions of older people—those 65 and older—fall. In fact, more than one out of four older people falls each year, but less than half tell their doctor.
 - Falling once doubles your chances of falling again.
- One out of five falls causes a serious injury such as broken bones or a head injury.
 - Each year, 2.8 million older people are treated in emergency departments for fall injuries.
 - Over 800,000 patients a year are hospitalized because of a fall injury, most often because of a head injury or hip fracture
- Falls can be very serious, especially if the person is taking certain medicines (like blood thinners).
 - An older person who falls and hits their head should see their doctor right away to make sure they don't have a brain injury.

Facts & Figures: Other Causes

- Unintentional blunt trauma (e.g., being hit by an object) was the second leading cause of TBI, accounting for about 15% of TBIs in the United States for 2006–2010.
- Motor vehicle crashes were the third overall leading cause of TBI (14%).



Sports Related Injury

- From 2001 to 2009, the rate of Emergency Department visits for sports and recreation-related injuries with a diagnosis of concussion or TBI rose 57% among children (age 19 or younger).
 - In 2009, an estimated 248,418 children (age 19 or younger) were treated in U.S. Emergency Departments for sports and recreation-related concussion or TBI.
 - Could this be because of increased awareness of concussion?

New terminology making headlines...

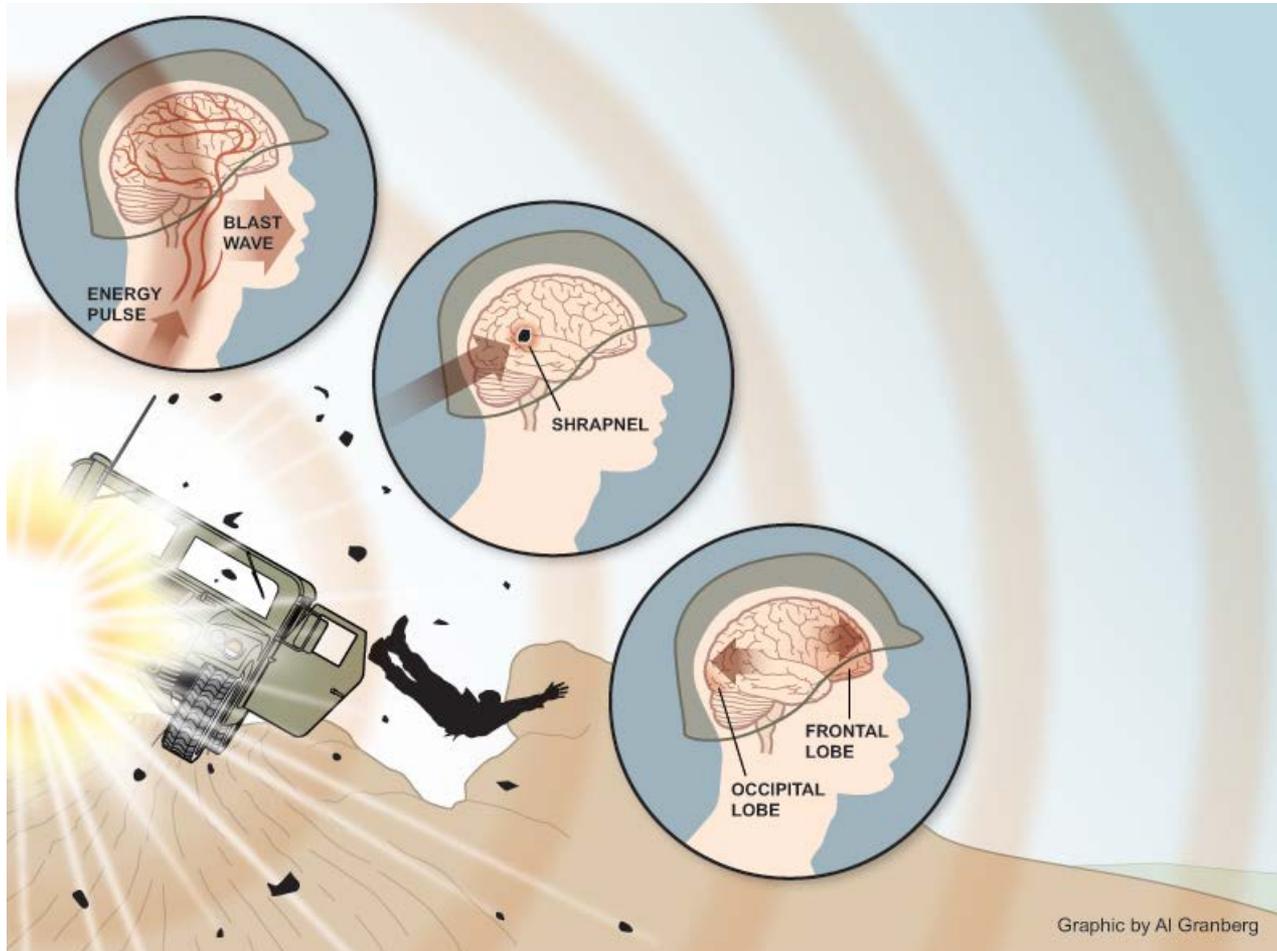
- Chronic Traumatic Encephalopathy (CTE) is a progressive degenerative disease of the brain found in athletes (and others) with a history of repetitive brain trauma, including symptomatic concussions as well as asymptomatic subconcussive hits to the head.
 - Has been mostly associated with boxing, football, and hockey players
 - The brain degeneration is associated with memory loss, confusion, impaired judgment, impulse control problems, aggression, depression, eventually, progressive dementia.



Military Related TBI

- The Department of Defense and the Defense and Veteran's Brain Injury Center estimate that 22% of all combat casualties from these recent conflicts are brain injuries, compared to 12% of Vietnam related combat casualties.
- Blasts are a leading cause of TBI for active duty military personnel in war zones. Followed by MVA and gunshot wounds.
- Primary blast waves can cause concussions or mild traumatic brain injury (MTBI) without a direct blow to the head
- Exposure to blasts is unlike other causes of TBI in the civilian population, and can cause post concussive effects for a longer period of time (residual effects for 18-24 months).
 - These effects include headaches, dizziness, insomnia, impaired memory, sensitivity to light and noise.

Military Related TBI



Military Related TBI

- Patients with TBI often meet criteria for PTSD on screening instruments for TBI and vice versa.
- Many Veterans have experienced a mild traumatic brain injury AND ALSO have PTSD related to their combat experience.
- The comorbidity of PTSD, history of mild TBI, chronic pain and substance abuse is common and may complicate recovery from any single diagnosis.
- Given these special considerations, it is especially important to reassure Veterans that their symptoms are time-limited and, with appropriate treatment and healthy behaviors, likely to improve.

Military Related TBI

- But, TBI in the military does not just occur in combat.
- In fact, according to the Armed Forces Health Surveillance Center, concussions and other brain injuries in service members most often occur from incidents associated with:
 - Motor vehicle collisions
 - Falls
 - Sports
 - Assault
 - Accidental or intentional discharge of weapons
 - Impact with objects

What can be the effects of TBI?

- Because the brain does everything, ANYTHING can be impacted!
- Everyone can be affected differently...”no two brain injuries are the same”
- Structures of the brain affected will guide us to deficits we may see.

HOW TRAUMATIC BRAIN INJURY (TBI) AFFECTS DAILY LIFE

HEALTHY

- Frontal:
Concentration, Problem Solving, Speech
- Parietal:
Sense of Touch, Pain, Temperature
- Occipital:
Healthy Vision
- Temporal:
Memory, Organization
- Cerebellum:
Balance & Coordination
- Brainstem:
Breathing, Steady Heart Rate



TBI

- Frontal:
Lack of Focus, Irritability, Language Difficulty
- Parietal:
Difficulty with Reading, Spatial Misperception
- Occipital:
Blind Spots, Blurred Vision
- Temporal:
Problems with Short- & Long-Term Memory
- Cerebellum:
Difficulty Walking, Slurred Speech
- Brainstem:
Changes in Breath, Difficulty Swallowing

Physical Problems

- Swallowing difficulties - dysphagia
- Seizures
- Fatigue, increased need for sleep
- Insomnia
- Sensory loss or impairment
- Blurred or double vision
- Headaches or migraines
- Trouble with balance and dizziness
- Decreased motor abilities –difficulty walking, slurred speech, poor control of movements
- Sexual dysfunction
- Ringing in the ears

Cognitive Difficulties

- Short-term or long-term memory loss – difficulty remembering new information is more common
- Slowed processing of information
- Impaired judgement
- Trouble concentrating or paying attention
- Difficulty keeping up with conversation – Auditory Comprehension
- Spatial disorientation
- Difficulty organizing or problem solving
- Inability to do more than one thing at a time
- Difficulty with language, trouble finding words

Behavioral & Emotional Problems

- Depression, grief over loss of ability, or chemical changes caused by the injury
- Anxiety, restlessness, agitation
- Lower tolerance for stress
- Irritability, frustration, impatience
- Mood swings
- Impulsiveness and lack of inhibition
- Emotional flatness and passivity
- Emotional lability
- Diminished insight & self-awareness

Impact?

- Socially
 - Personally
 - Professionally
 - Family
 - Hobbies
-
- These issues not only affect individuals but can have lasting effects on **families and communities**. In many cases, medical care and rehabilitation can lead to significant recovery, but the return to life after TBI can be a longer struggle.

Rehabilitation

- Rehabilitating from a brain injury takes time because damaged cells need to relearn how to do things while the brain uses healthy cells to compensate.
- Many family members have questions about what they can expect in the long term. Below are some general “rules of thumb” about what improvements to expect. Please keep in mind that everyone is different and may show somewhat different improvement.
 - The fastest improvement happens in about the first 6 months after injury.
 - You will still notice some improvements happening between 6 months and 1 year after injury. However, the changes may not happen as fast and may be smaller.

Rehabilitation

- The period between 1 and 2 years after injury is different for different people. Some people show more improvement. This may be especially true if they had a lot of medical problems during the first year that get better in the 2nd year. Other people start to level off and show very little improvement between 1 and 2 years. For people who show improvement, the changes usually happen very slowly.
- Most professionals agree that people usually show little continued progression of improvement after 2 years.
 - Most people continue to have some deficits, although they may not be as bad as they were early after injury.
- Many people are able to return to their activities in spite of problems. People may go back to work, return to school, take care of their household, or return to other activities that they did before injury.
 - Severity of injury, family/friends support, overall health, available resources in the community can all contribute to how much recovery is made.

How to help with deficits when your loved one has a TBI

Problems with Physical Mobility

- Accept that your family member will take longer to walk and to move around. Such as allowing extra time to get to appointments or dropping them closer to the entrance.
- Ask the doctor if your family member can have a referral for a physical and/or occupational therapist who can help with improving balance and movement.
- Ask your doctor or therapist if there is any equipment that can help, such as a walker or cane. And advocate to advance to a less restrictive device with continued services.

How to help with deficits when your loved one has a TBI

Problems with Physical Mobility

- Place things within easy reach so your family member can get to things easily.
- Help them when they are picking up small objects, such as coins, pencils, etc. Ask your therapist if there is some equipment that can help with this.
- Help with any home exercises that have been provided.



How to help with deficits when your loved one has a TBI

Visual Problems

- Tell your doctor about the problem to see if further testing is needed.
- See an ophthalmologist (a doctor that works with the eyes). Often, glasses that worked before the injury won't work after because of changes in vision. Your family member may need a new prescription.
- Consider occupational therapy to help with the treatment of deficits such as a visual field cut and guidance on making accommodations for activities of daily living.
- Don't let your family member drive until a doctor says it is O.K.



How to help with deficits when your loved one has a TBI



Tired A Lot/Increased Fatigue

- Understand that feeling tired is normal after injury.
- Allow extra time for rest between activities. This may mean scheduling naps throughout the day, or quiet time.
- Schedule shorter activities at first, and gradually increase activity little by little as your family member gets stronger.
- If your family member has trouble sleeping at night, talk to your doctor about medications that could help.
- Schedule important appointments and activities for times of day when your family member is most awake and alert.

How to help with deficits when your loved one has a TBI

Memory

- Help your family member make a memory book.
 - This can be as simple as a notebook divided into sections or as fancy as an electronic organizer.
 - Possible sections include: a calendar; daily lists of things to do; and an address book with important phone numbers and addresses.
- Allow extra time for your family member to learn new things. Keep in mind that they will learn more slowly than they did before the injury.
- Repeat things that you want them to remember more than once.
 - Repeating things over and over makes it more likely that they will remember.

How to help with deficits when your loved one has a TBI

Memory

- Write all important information down for them.
 - For example, if you want them to do some chores during the day, write them down on a list. Have them check each chore off as it is done. Write down instructions to new places.
- Keep household items in specific places.
 - For example, have a hook for keys or a special drawer for medical papers. Label drawers with the contents. You may also want to write the locations of different items in the memory book.
- Buy a pill box and label each dose with the time and day that they should be taken. Each dose should go in a different section of the box to avoid confusion.



How to help with deficits when your loved one has a TBI

Attention and concentration

Sometimes what seems to be a memory problem can really be a problem with attention. Your family member may not be able to make new memories because they have a hard time paying attention to things.

- Make sure your home is free of clutter.
 - Keep things organized. Try to keep things in the same place without changing things around much.
- Make sure your family member works on only one thing at a time.



How to help with deficits when your loved one has a TBI

Attention and concentration

- Make sure that everything is put away except the things they are working with.
 - For example, if your family member is going to cook a meal, have in sight only the things they need for that meal.
- If your family member gets stuck on one idea or task, gently direct their attention to a new task or idea.
 - For example, say “We are no longer talking about that; we are now talking about....”

How to help with deficits when your loved one has a TBI

Information processing and Comprehension

- Talk slowly and stay on point.
- Speak clearly and concisely. Use fewer words to present your information.
 - For example, 'Put your right arm in the sleeve.' versus 'Ok, first I want you to put your right arm into the sleeve of the shirt that I laid out for you this morning.'
- Ask yes-or-no questions, rather than open ended ones.
 - For example, 'Did your therapy go well today?' versus "How do you think your therapy went today?"
- Allow your loved one extra time for them to answer questions.

How to help with deficits when your loved one has a TBI

Information processing and Comprehension

- Double-check to be sure he/she has understood you.
- Write down or tape important information, such as appointments, contact numbers, directions to places he/she needs to go, and to-do lists.



- Encourage them to ask for information to be repeated. Let them know they shouldn't be embarrassed about asking others to repeat things; we all have to do this sometimes

How to help with deficits when your loved one has a TBI

Executive functioning/Organization

- Help prioritize goals and break them into small, tangible, sequential steps.
- Write out steps to a planning or problem-solving task.
- Help him/her fill out forms and make important phone calls.
- Allow extra time for him/her to complete tasks.
- Point out possible short- and long-term consequences of specific choices.
- Provide clear and specific feedback.

How to help with deficits when your loved one has a TBI

Behaviors

- Calmly let your family member know that this behavior is wrong and bothers other people.
 - Do not yell or lose your temper. That may cause your family member to act in a more inappropriate way.
 - Provide straightforward feedback about when and where behaviors are appropriate.
 - Do these redirections at the time of the behavior...if you wait, the person may not remember having the behaviors.
- Be aware of the environment and any triggers for behaviors.
 - Ex: Loud environmental noise, crowds, having to sit still for an extended period of time.

How to help with deficits when your loved one has a TBI

Behaviors

- Come up with a signal that you can use to let your family member know when he or she is acting inappropriately.
 - For example, you could hold up your hand to signal “stop”, shake your head no, or say a special word you have both agreed on.
 - Make sure that you practice this with your family member so that they know what the signal means.
- Remember that the injury makes it hard for them to always act appropriately. The initial goal should not be to have no inappropriate actions at all, but to help the loved one reduce the behaviors.
- Be sure to praise your family member whenever he or she goes on an outing and acts appropriately.



How to help with deficits when your loved one has a TBI



Anger

- Understand that being irritable and getting angry easily is due to the brain injury. Try not to take it personally.
- Set some rules for communication. Let your family member know that it is not acceptable to yell at, threaten, or physically hurt others.
 - Let them know that you will not talk to them when they act this way. Tell them that it is O.K. to let you know when they're upset about something, but that they need to do it in a calm way.
- When possible, ignore bad behavior like yelling or cussing. Paying too much attention to it can sometimes make the behavior worse.

How to help with deficits when your loved one has a TBI

Anger

- Go to another room where you can close the door and be separated from them.
 - Before going, let them know that you will come back in 5 or 10 minutes and will be willing to talk to them if they are calm and pleasant, but that you will leave again if they are not.
- Reward your family member for discussing the problem that upset them when they are calm.
 - Let them know how pleased you are, and let them know that what they think is important.
- If you feel afraid that your family member may hurt you, your children, or anyone else, discuss this with your doctor or psychologist.

Interventions to explore to aid in recovery

- Neuropsychological evaluation for better understanding of cognitive deficits of the TBI loved one.
- Therapeutic intervention
 - Speech and/or Occupational therapy to address changes in cognition or to help adapt to home and activities of daily living to reduce care needed.
 - Physical therapy to address changes in mobility
- Counseling for TBI loved one, caregiver, family
- Support Groups



Caregiver Concerns



Brain Injury affects the ENTIRE family

Caregiver Concerns

- For most family members, life is not the same after TBI. While everyone's situation is a bit different, there are some common problems that many families experience.
- Sometimes these problems can seem too much and become overwhelming. Here is a list of some common feelings that family members report:

- Feeling sad or down
- Feeling anxious or nervous
- Feeling angry and frustrated
- Feeling guilty



Caregiver Concerns Continued

- Role changes: Members of the family may no longer have the same roles, and this can be a difficult adjustment. For example, someone who stayed home to take care of the house before injury may now have to work. Someone who worked before may have to stay home to take care of the person with injury.
- What to do about changing roles:
 - Accept that roles must change after the injury. Get the whole family together. Discuss what needs to be done and how things can be divided up. Involve your injured family member in the conversation and have them take on some responsibilities. They need to continue to make a positive contribution to the family.

Caregiver Concerns Continued

- Financial difficulties: If the TBI survivor has not been able to return to work, there maybe less money to support the household, plus added medical expenses. This can create a stressful situation.
- What to do about financial difficulties:
 - Although it can seem like a lower priority during time of crisis, it is imperative to take time to develop a comprehensive plan for meeting current and future financial needs. This information needs to be revisited regularly, because it is an important step in making sure the family can live the quality of life desired.
 - Investigate available resources within the community or through Social Security/Disability.

Caregiver Concerns Continued

- Less time for yourself: Since the injury, you likely have had very little time for yourself, to do the things you enjoy or to relax. Much of your energy has probably gone into taking care of your family member. You probably feel tired constantly, but can't get any rest.
- What to do: Taking a few moments to relax can help you be more ready for the things you need to do.
 - Learning to relax is not easy, especially in your current situation. Even when you finally sit down at the end of a long day, your body and mind are probably not in a relaxed state.

Caregiver Concerns Continued

Relaxation Techniques: You need to train your body and mind to get into a relaxed state. Here are some techniques that may help. Find the one that works best for you.

- **Focused breathing:** When you are stressed or upset, your breathing becomes quick and shallow. You begin taking short breaths from your chest rather than breathing deeply from your diaphragm (the muscle between the chest and abdomen that helps with breathing). Taking full breaths from your diaphragm puts your body in a relaxed state.
- **Use a focus word or phrase:** This exercise can help you to clear your mind of negative thoughts and stress. Choose a focus word or phrase.
 - Some people choose a word that has positive meaning for them (e.g., “peace”). Others choose something that’s just easy to remember, like a number (“one”). Take full deep breaths from your diaphragm. Say the focus word to yourself each time you breathe out.

Caregiver Concerns Continued

Relaxation Techniques Continued:

- Visual Imagery: Lie down in a comfortable, quiet place and imagine yourself in a place where you feel calm and relaxed. It can be a place that you've been before or a place you've always imagined would make you feel relaxed.
- For example, you can imagine yourself on a beach, lying in the cool sand, feeling the sun on your face, and hearing the water lap against the shore. Try to imagine all that is there-the feel of the sand, the sound of the water, the smells of salt water. If a beach does not seem relaxing to you, pick another place.



Caregiver Concerns Continued

Relaxation Techniques Continued:

- In order to train your body and mind to relax, you need to practice often.
- Don't give up if it doesn't work right away. If you keep practicing these techniques, you will feel more relaxed in the long run, and you will find that you're able to function better in all areas of your life.



Caregiver Concerns Continued

- Lack of support from other family members and friends: Soon after injury, there may be a lot of help from other people, but as time goes by, the amount of help may become less. Other family members and friends may come around less, they may not seem to understand what the family is going through, they may not understand some of the changes in you're the TBI survivor, and they may seem to be critical of the way the family is handling things.
- What to do about lack of family support:
 - Learn how to communicate needs to others! Many people might be willing to help, but they may not think to offer help. It is also important to let others know when you don't want advice or help.
 - Investigate community resources or programs including respite services.

Ambiguous Loss

- Ambiguous loss differs from ordinary loss in that there is no verification of death or no certainty that the person will come back or return to the way they used to be.
- There is physical presence and psychological absence. In this type of ambiguous loss, the person you care about is psychologically absent-- that is, emotionally or cognitively missing. Such ambiguous loss can occur from Alzheimer's disease and other dementias; traumatic brain injury, or other chronic mental or physical illnesses that take a loved one's mind or memory away.
- Ambiguous loss freezes the grief process and prevents closure, paralyzing couple and family functioning.

Loneliness

- Most common long-term residual of TBI
- Why?
 - Limited by physical deficits
 - Post-injury behaviors are often hard for others to understand
 - Problems with communication
 - Lack of initiative
 - Increased fatigue
 - Financial changes
 - Less time for the caregiver
- According to the CDC, the number one need of individuals after sustaining a TBI is social interaction with others
- Tips
 - Find a support group for people with TBI or other disabilities
 - Connect with people in similar circumstances through social media.

From Recovery to a New Normal

You can clutch the past so tightly to your chest that it leaves your arms too full to embrace the present.

~Jan Glidewell,
Retired Columnist~

Establish a new NORMAL

Reframing your way of looking at the situation and family

- Define realistic goals
- Redefine success
- Anticipate and recognize needs
- Learn to problem solve
- Advocate for self with family & professionals
- Utilizing resources

ALABAMA HEAD INJURY FOUNDATION

*Improving the quality of life for survivors of
traumatic brain injury and for their families*



Our Programs:

- Resource Coordination
- Recreational Support Groups
- Respite Care
- Housing Assistance
- Camp Program
- Advocacy

AHiF Programs

Resource Coordination

- Local support for individuals with TBI (and/or Spinal Cord Injury) provided by professional coordinators trained in identifying and access community resources including the following:
 - Identification of local resources to aid with home modification and/or independent living
 - Support in securing appropriate Medicaid/Medicare/Disability payments
 - Financial Management
 - Support in securing donated or discounted medical equipment
- Resource Coordinators also provide assistance coping with issues of living with TBI, and helps in transitioning back into family life and community.



Since 2014, over 5 million dollars in resources have been secured for AHiF consumers by our Resource Coordinators.

AHiF Programs

Recreational Support Groups

- Meetings for clients and their caregivers to provide information, resources, and vital social opportunities.
- Currently 13 support groups across the state.



AHiF Programs

Respite Care

- AHIF provides qualified respite care in the home for persons with TBI/SCI at no cost.
- This provides families and caregivers a brief break from the demands of 24/7 care of a loved one.



AHiF Programs

Housing Assistance

- The development of Accessible/Affordable Apartment Complexes by AHIF in Florence, Hoover and Mobile.
 - Wheelchair accessible, affordable apartments for adults with Traumatic Brain Injury or other physical disability. For more information or to request a Housing Application, please call Accessible Space, Inc. toll-free at 1-800-466-7722 or apply online at www.accessiblespace.org.



Patton Ridge, Hoover, AL



Dogwood Terrace, Florence, AL

AHiF Programs

Camp

- AHIF provides a weekend camp for survivors at beautiful Camp ASCCA on Lake Martin.
- Completely adaptable camp giving attendees the opportunity to zip-line, canoe, fish, and participate in other outdoor activities.
- Camp provides survivors with a special and unique time of recreation and fellowship.



AHiF Programs



Advocacy

- Promotes public policy to prevent injury and increase services to Alabamians with TBI
- Promotes public awareness
- Advocates for consumer and their families



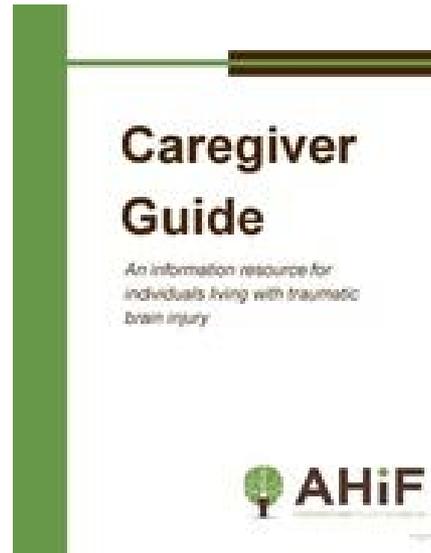
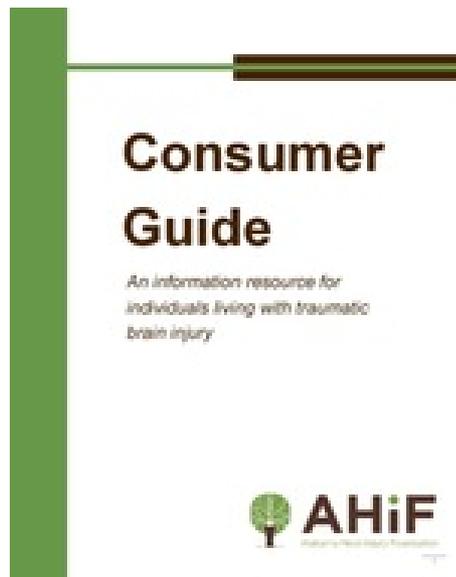
Brain Freeze Challenge

Alabama Head Injury Foundation's
Montgomery Regional Board
Presents



Make An Impact Today!

Resources available for free download on our website



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